2020 SOUTH MUSKEGO MI LWAUKEE 53204 Ownershi p: Nonprofit Church/Corporation Phone: (414) 383-2630 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): **50** Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 50 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 37 Average Daily Census: 39

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29. 7
Supp. Home Care-Personal Care	No				· J	1 - 4 Years	45. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8. 1	More Than 4 Years	24. 3
Day Services	No	Mental Illness (Org./Psy)	18. 9	65 - 74	0. 0		
Respite Care	No	Mental Illness (Other)	10. 8	75 - 84	21.6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	54. 1	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	16. 2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	40. 5	65 & 0ver	91. 9		
Transportation	No	Cerebrovascul ar	2. 7			RNs	11. 4
Referral Service	No	Di abetes	5. 4	Sex	% j	LPNs	5. 4
Other Services	No	Respiratory	2. 7		· Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	18. 9	Male	0.0	Aides, & Orderlies	37. 1
Mentally Ill	No	İ		Femal e	100. 0		
Provi de Day Programming for		İ	100.0		j		
Developmentally Disabled	No				100. 0		
***********	****	**********	*****	************	********	**************************************	*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	24	88 . 9	105	0	0.0	0	9	100. 0	130	1	100. 0	105	0	0.0	0	34	91. 9
Intermedi ate				3	11. 1	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	8. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		27	100.0		0	0.0		9	100.0		1	100.0		0	0.0		37	100. 0

ST. ANN'S REST HOME

**********	*****	*********	******	*****	******	*********	******		
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01							
beachs builting kepoliting relied		 		%	Needi ng		Total		
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally M	lumber of		
Private Home/No Home Health	10. 5	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent F	lesi dents		
Private Home/With Home Health	15.8	Bathi ng	5. 4		73. 0	21. 6	37		
Other Nursing Homes	36.8	Dressing	18. 9		64. 9	16. 2	37		
Acute Care Hospitals	31.6	Transferring	32. 4		51. 4	16. 2	37		
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 3		59. 5	16. 2	37		
Rehabilitation Hospitals	0.0	Eating	56. 8		29. 7	13. 5	37		
Other Locations	5. 3	***************	******	******	******	********	******		
Total Number of Admissions	19	Continence			Special Trea	atments	%		
Percent Discharges To:		Indwelling Or Externa	l Catheter	2. 7	Recei vi ng	Respiratory Care	2. 7		
Private Home/No Home Health	8. 3	0cc/Freq. Incontinent		59 . 5		Tracheostomy Care	0. 0		
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	29. 7		Sucti oni ng	0. 0		
Other Nursing Homes	4. 2					Ostomy Care	0. 0		
Acute Care Hospitals	12. 5	Mobility				Tube Feeding	0. 0		
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		0. 0	Recei vi ng	Mechanically Altered Diets	43. 2		
Rehabilitation Hospitals	0. 0								
Other Locations	0.0	Skin Care				ent Characteristics			
Deaths	75. 0	With Pressure Sores		5. 4		nce Directives	81. 1		
Total Number of Discharges		With Rashes		5. 4	Medi cati ons				
(Including Deaths)	24				Recei vi ng	Psychoactive Drugs	45. 9		

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 78.0 88. 9 0.88 86. 3 0.90 82.7 0.94 84. 6 0.92 Current Residents from In-County 94.6 88. 1 1.07 89. 4 1.06 **85**. 3 1.11 77. 0 1. 23 Admissions from In-County, Still Residing 52.6 22.9 2.29 19. 7 2.67 21. 2 2.49 20.8 2. 53 Admissions/Average Daily Census 48.7 129.6 0.38 180. 6 0.27 148. 4 0.33 128. 9 0.38 Discharges/Average Daily Census 61.5 133.7 0.46 184. 0 0.33 150. 4 130.0 0.47 0.41 Discharges To Private Residence/Average Daily Census 5. 1 47.6 0.11 80. 3 0.06 **58.** 0 0.09 52.8 0.10 Residents Receiving Skilled Care 91.9 90. 5 1.02 95. 1 0.97 91.7 1.00 85.3 1.08 Residents Aged 65 and Older 91.9 97.0 0.95 90.6 1.01 91.6 87. 5 1.00 1.05 Title 19 (Medicaid) Funded Residents 73.0 **56.** 0 1.30 64. 4 68. 7 51.8 1.41 1. 13 1.06 Private Pay Funded Residents 0.74 23.8 22. 0 24. 3 35. 1 0.69 32. 8 1.02 1. 11 0. 5 1.3 0.00 0. 9 7. 6 0.00 Developmentally Disabled Residents 0.0 0.00 0.00 Mentally Ill Residents 29.7 30. 9 0.96 32. 1 0.93 32. 2 0.92 33.8 0.88 General Medical Service Residents 18. 9 27.3 0.69 22.8 0.83 23. 2 0.82 19. 4 0.97 Impaired ADL (Mean) 50.3 0.90 50. 0 0.91 51.3 0.89 49.3 0.92 45. 4 Psychological Problems 45.9 52. 4 0.88 55. 2 0.83 50. 5 0.91 51. 9 0.89 7. 2 Nursing Care Required (Mean) 7. 1 7. 1 1.00 7. 8 0. 91 0.98 7. 3 0.97